

Case Number:	CM13-0002378		
Date Assigned:	07/24/2013	Date of Injury:	02/16/2009
Decision Date:	01/07/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This woman is under treatment by [REDACTED], for back and bilateral knee pain. She is reported to be morbidly obese with a BMI of 56.5. The last physical examination was on 04/15/13 and she reported continuing back and right knee pain. She had lost 60 pounds in the past year according to [REDACTED]. She had progressed to a cane from a walker for short ambulation. [REDACTED] had requested a motorized scooter for more mobility and that had been approved. However, a car chair lift had not been approved, so her mobility was still limited. Examination showed a right antalgic gait and morbid obesity, Knee motion in both knees was limited and medial joint line tenderness was present.. She was reported to have sleep apnea and chronic heart failure. In the 6/24/13 appeal letter, [REDACTED] identifies that the patient. has significant difficulty with ambulation and the wheeled walker is only useful for short travel distances. She received a scooter to accommodate longer periods of ambulation, but has been. unable to use it since the chair lift and canopy have not been provided. She has significant leg weakness and needs the chair lift to raise her from ground level to car floor level so that independence will be facilitated ".

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Car chair lift for the motorized scooter along with the sooter canopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Power mobility devices (PMDs)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Treatment in Workers' Compensation/Knee..

Decision rationale: Official Disability Guidelines/Treatment in Workers' Compensation/Knee states regarding power mobility devices "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or if the patient has sufficient upper extremity function to propel a manual wheelchair." I note as well that Official Disability Guidelines/Treatment in Workers' Compensation/Knee defines durable equipment noting such equipment is "recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment." In this case then the medical need for a car chair lift is not documented since the medical records do not document that the patient has tried such a lift with the physical therapist and would be able to operate it. Moreover, the records indicate that this patient is able to utilize a wheeled walker. It is unclear why the patient requires a scooter rather than a manual wheelchair. For all these reasons, the medical necessity of this request has not been established.